



Rollover Request Form

INSTRUCTIONS

YOU MUST HAVE AN EXISTING PACT ACCOUNT FOR THE BENEFICIARY THAT IS NOT PAID IN FULL!

1. This form is required to “rollover” funds from another qualified program to PACT. Qualified programs include (1) any 529 Tuition Program (both Savings and Prepaid), (2) Coverdell Education Savings Accounts, or (3) qualified U.S. Savings Bonds.
2. In order for this “rollover” to qualify as a “tax exempt” transfer, the “rollover” must occur within **60 days** of withdrawal from the other qualified program; the beneficiary of the receiving account must be a “member of the family” of the original beneficiary as defined by PACT; and a “rollover” for the same beneficiary must not have been requested within the last 12 months. Please consult a qualified tax advisor to determine if the rollover qualifies as a tax-free rollover. PACT does not offer tax advice.
3. If you have any questions when completing this form, call us toll free at 1-800-848-4750 Monday – Friday.
4. Please fill out this form completely. Please print clearly and carefully.

TYPE OF ROLLOVER

Select one:

- ☐ From another 529 Qualified Tuition Program
- ☐ From a Coverdell Education Savings Account
- ☐ From a qualified U.S. Savings Bond

PURCHASER INFORMATION

Last Name

First Name

M.I.

Address (Number and street, including apartment number)

City

State

Zip

Social Security Number

PACT Account Number

Organization Name (if Purchaser is not an individual)

BENEFICIARY INFORMATION

Last Name

First Name

M.I.

Social Security Number

SOURCE OF ROLLOVER FUNDS	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

If rollover is from another 529 Qualified Tuition Program, please provide the name of the Program:

Program Name

[illegible]

Program Phone Number

$$(\square\square\square)\square\square\square-\square\square\square\square\quad\text{EXT.}\square\square\square\square$$

ROLLOVER DEPOSIT INFORMATION	
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You must submit an account statement issued by the program or financial institution that acted as trustee or custodian (as applicable) or the financial institution that redeemed the bonds, respectively, that shows the contribution portion (principal) and earnings portion along with this form. If appropriate documentation is not provided, we are required by law to treat the entire amount of the rollover as earnings.

Contribution Portion of Rollover (Principal): \$_____

Earnings Portion of Rollover (Earnings): \$_____

Total Rollover Contribution \$_____

AUTHORIZATION

I hereby certify that I have read and understand the information provided on this form, including the items listed as Instructions, and that the above information is current and accurate to the best of my knowledge.

Signature of PACT Purchaser

Date _____

Signature of Owner of Other Qualified Program
(if different than PACT Purchaser)

Date _____

MAILING ADDRESSES	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

If you are sending your rollover contribution along with this form:

Submit this form and required account statement along with your rollover contribution directly to the following address. Checks should be made payable to PACT and must include the PACT account number to which rollover funds are being deposited.

PACT Program
PO Box 217
Birmingham, AL 35201-0217

If your rollover contribution has already been sent to PACT:

Submit this form and required account statement directly to:

PACT Program
PO Box 12865
Birmingham, AL 35202-2865

